Name in Full: Thomas Worth Ashley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death: Month: Oct — Day: 21 — 1904

Age: Years: 84 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Waterman — Where Residing if not at place of death: Geo

Married, Single or Widowed: Widower — Name of Wife or Husband: Georgeana Frazier

Father's Name: Isaac Ashley — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Sudler — Mother's Birthplace: Md

Name of person giving Information: William Ashley — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: one year

Immediate: Exhaustion — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rock Hall Md Kent Co.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: George Blackiston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chestertown — County: Kent

Date of death: Month: Oct — Day: 12 — 1904

Age: Years — Months: 7 — Days:

Sex: Male — Color or Race: Black — Birthplace: Chestertown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Harry Blackiston — Father's Birthplace:

Mother's Maiden Name: Mamie Jeffers — Mother's Birthplace:

Name of person giving Information: John Jeffers — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 months

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Pickard

Address: Crumpton

Accident or Suicide?

LIBRARY BUREAU A89916

Name in Full: James Tilden Brice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Betterton; County: Kent

Date of death: Month: Oct; Day: 18; 1904

Age: Years: 77; Months: 2; Days: —

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: retired

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Brice

Father's Birthplace: Md

Mother's Maiden Name: Mariah Tilden

Mother's Birthplace: —

Name of person giving Information: Mrs George Moore

How related to deceased: Daughter

CAUSES OF DEATH

Primary: Bright's Disease. 120

How long: 6 years.

Immediate: Uraemia.

How long: 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Still Pond

Name in Full: Chas Deborse Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomona — County: Kent

Date of death: 1904 — Month: 10 — Day: 31

Age: Years: 70 — Months: 6 — Days: 10

Sex: Male

Color or Race: White

Birthplace: Kent Co Md

Occupation: Farmer & Sailor

Where Residing if not at place of death: [illegible] Kent Co

Married, Single or Widowed: Widower

Name of Wife or Husband: Jane Apsley No. Caroline Co

Father's Name: Jos Brown

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Annie Buscin

Mother's Birthplace: Kent Co Md

Name of person giving Information: Daughter in law

How related to deceased: Daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Heart — How long: several years

Immediate: Valvular — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Bruce Haines

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Mary Elizabeth Calder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Oct; Day: 27; Age: Years: 70; Months: 5; Days: 21

Sex: Female; Color or Race: White; Birthplace: Kent Co Md

Occupation: Farmer; Where Residing if not at place of death: — — —

Married, Single or Widowed: Married; Name of Wife or Husband: Robt W Calder

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Lewis Ringgold; Father's Birthplace: Mass

Mother's Maiden Name: Mary Ann Radcliffe; Mother's Birthplace: Kent Co Md

Name of person giving Information: Husband, R W Calder; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver; How long: 18 months

Immediate: Ascites: Hepatic failure; How long: 6 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W Frank Harris

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah L. Cavender

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond; County: Kent

Date of death: Month: Oct; Day: 11; 1904

Age: Years: 68; Months: 6; Days: —

Sex: female; Color or Race: White; Birthplace: Del

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Cavender; Father's Birthplace: Del

Mother's Maiden Name: Margret Sharah; Mother's Birthplace: Ireland

Name of person giving information: Hettie O. Knusen; How related to deceased: niece

CAUSES OF DEATH

Primary: Ulcer of Stomach; How long: 4 weeks

Immediate: ; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: L. Herbert Ellis

Address: Still Pond Md.

Accident or Suicide?

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LIBRARY BUREAU A8881Q

Hickory Grove Rec

Name in Full: Still Born Infant

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Betterton — (County): Kent

Date of death 1904 — Month: Oct — Day: 15

Age — Years: — Months: — Days: —

Sex: — Color or Race: White — Birthplace: Betterton

Occupation: — — Where Residing if not at place of death: — —

Married, Single or Widowed: — Name of Wife or Husband: — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James. T. Crew — Father's Birthplace: Md.

Mother's Maiden Name: Florence Harbourd — Mother's Birthplace:

Name of person giving Information: W. H Kussem. — How related to deceased: Undertaker

CAUSES OF DEATH

Primary: S. — How long:

Immediate: Still born. — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Still Pond

Name in Full: Infant Crowchuing.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond. County: Kent.

Date of death: 1904 Month: Oct Day: 24 Age: Years — Months — Days: 4

Sex: male Color or Race: white Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob B. Crowchuing Jr. Father's Birthplace: Md.

Mother's Maiden Name: Susie Jones Mother's Birthplace: Md.

Name of person giving Information: J. B. Crowchuing How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature 151 How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A86816

Still Pond.

Name in Full: Infant son Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chancellor's Wharf, County: Kent

Date of death 1904. Month: Oct. Day: 26

Age — Years: — Months: — Days: —

Sex: Male. Color or Race: White. Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Martha Culley. Mother's Birthplace: Kent Co, Md.

Name of person giving Information: Mary Culley. How related to deceased: Grd Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born. 31. How long: —

Immediate: Still Born. How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Gordon Kelley

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Kennedyville

Name in Full: Thomas Tiler

CERTIFICATE OF DEATH

MARYLAND

Died at: near Locust Grove — Town — County: Kent

Date of death: 1907 Oct 10 — Age: Years 5 3 — Months 3 — Days 5

Sex: Male — Color or Race: Black — Birthplace: Kent Co Md

Occupation: Laborer — Where Residing if not at place of death: near Locust Grove

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Knod — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Susan Adams — Mother's Birthplace: Kent Co Md

Name of person giving In formation: Henry Hodges — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natal insufficiency — How long: one months

Immediate: Dilatation of heart — How long: suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E L Bayard

Address: Kennedyville Md.

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Anthony T. Hackett.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mor Galena; County: Kent

Date of death 1 90 4 Oct; Day: 19; Age: Years 49; Months —; Days —

Sex: Male; Color or Race: Black; Birthplace: Caroline Co Md.

Occupation: Butcher; Where Residing if not at place of death: Mor Galena Md

Married, Single or Widowed: Married; Name of Wife or Husband: Emma J. Hackett.

Father's Name: Dont know; Father's Birthplace: Dont know

Mother's Maiden Name: Dont know; Mother's Birthplace: Dont know

Name of person giving Information: W. T. Hicks; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation; How long: 2 yrs

Immediate: Dilatation of heart; How long: 3 months

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Louis Bozwick

Address: Kennedyville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Belle Lomax

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Melitota — County: Kent

Date of death: 1904 — Month: Oct — Day: 1st — Years: Age about 32 — Months — Days

Sex: Female — Color or Race: Colo — Birthplace: Kent Co Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Lomax

Father's Name: John Munson — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Kent Co Md

Name of person giving In formation: John Lomax — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Confinement — How long: 5 Days

Immediate: Hemorrhage — How long: but a few Minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John H. Hessey

Address: Hanesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Harry Bruce McCann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomona — County: Kent.

Date of death 190 4 — Month: Oct. — Day: 17 — Age: Years — Months — Days: Still Born

Sex: Male — Color or Race: White — Birthplace: Pomona Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Milton McCann — Father's Birthplace: Chester Pa

Mother's Maiden Name: Clara Scott Hunt — Mother's Birthplace: Bridgeton N J

Name of person giving information: Milton McCann — How related to deceased: Father

CAUSES OF DEATH

Primary: Too large head in birth — How long: 6 or 8 hours.

Immediate: " " " " " " — How long: " " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T H Bruce Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A66618

Name in Full: William H Mason

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Millington — County: Kent

Date of death 1904 — Month: Oct — Day: 13th — Age — Years: 77 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: Hostler — Where Residing if not at place of death: at home

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Saml L Mason — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Age — How long: —

Immediate: Cardiac failure 1/4 — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Goodman M D

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: John meade

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Millington — Town — County: Kent

Date of death: Month 10, Day 15, 1904 — Age: Years about 70, Months, Days

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Hannah meades

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Children — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease — How long: About 2 Yrs.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. W. H. Jacobs

Address: Millington Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: William Meeks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond — County: Kent

Date of death: Month: Oct — Day: 28 — 1904

Age: Years: 80 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: retired — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Annie E. Calder.

Father's Name: Wm Meeks — Father's Birthplace: —

Mother's Maiden Name: Allie L. Hynson — Mother's Birthplace: —

Name of person giving Information: Frank M. Miller — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of liver. — How long: 18 months.

Immediate: Heart failure. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Still Pond

Name in Full: Mary C. Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Locust Grove — County: Kent

Date of death: 1904 — Month: Oct — Day: 18 — Age: Years: 70 — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: William R. Hammond — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Williams — Mother's Birthplace: Md

Name of person giving In formation: Mrs Samuel Comly — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Consumption 27 — How long: Intermit

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Hortan Brown

Address: Rock Point, Md.

Accident or Suicide?

LIBRARY BUREAU A888 16

Still Pond

Name in Full: Still Born Child

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Rock Hall (County) Kent

Date of death 1904 (Month) Oct (Day) 3 Age (Years) — (Months) — (Days) —

Sex Female Color or Race Colored Birthplace Rock Hall

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Robert Murray Father's Birthplace Md

Mother's Maiden Name Mamie Clarkson Mother's Birthplace Md

Name of person giving Information Robert Murray How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Still Born S. How long —

Immediate — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician O L Long M.D.

Address Rock Hall Kent Co

Accident or Suicide?

LIBRARY BUREAU A43515

Name in Full: Wm Thomas Murray

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Chestertown County: Kent

Date of death	Month	Day	Years	Months	Days
1904	Oct	20	Age 60		

Sex: Male | Color or Race: Col | Birthplace: Kent Co, Md

Occupation: Laborer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Estelle Robinson

Father's Name: Daniel Murray | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving In formation: Wm A Brown | How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobar pneumonia | How long: 9 days

Immediate: Cardiac failure | How long: few minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mamie Selina Murry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall; County: Kent

Date of death 1 90, Month: Oct; Day: 3

Age: Years: 28; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death: Rock Hall

Married, ~~Single~~ or ~~Widowed~~: Married

Name of Wife or Husband: Robert Murry

Father's Name: Emory J. Clarkson

Father's Birthplace: Md

Mother's Maiden Name: Mary E. Harris

Mother's Birthplace: Md.

Name of person giving Information: Robert Murry

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptic Convulsions 2 9

How long: 2 Hours

Immediate: Miscarriage

How long: 2 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A L Long M.D.

Address: Rock Hall

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full [illegible] Prickett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Centerton County: Kent

Date of death 1904 Month: Oct Day: 12 Age Years: 1 Months: 4 Days:

Sex: Female Color or Race: Black Birthplace: Kent Co Md

~~Occupation~~

Where Residing if not at place of death: Centerton

~~Married, Single or Widowed~~ Name of ~~Wife or Husband~~

Father's Name: John Prickett Father's Birthplace:

Mother's Maiden Name: Mary Mother's Birthplace:

Name of person giving Information: Jane Rochester How related to deceased: nun

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus 151 How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Ferguson md

Address: Centerton Md

Accident or Suicide? No.

LIBRARY BUREAU A66816

Name in Full: Mabel E. Rawleigh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Oct; Day: 12; Age: Years: ; Months: 1; Days: 8

Sex: Female; Color or Race: White; Birthplace: Chestertown

Occupation:

Where Residing If not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Albert Rawleigh; Father's Birthplace: Chestertown

Mother's Maiden Name: Sadie Elsie Gardner; Mother's Birthplace: Chestertown

Name of person giving information: C. A. Rawleigh; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: Since birth

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Simpers

Address: Chestertown Md

Accident or Suicide? No

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LIBRARY BUREAU A66816

Name in Full: Maria Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Almshouse — County: Kent

Date of death: Month: Oct. — Day: 28 — 1904

Age: Years: 76 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: [illegible]

Occupation: Cook — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: [illegible] Riley

Father's Name: [illegible] — Father's Birthplace

Mother's Maiden Name: [illegible] — Mother's Birthplace

Name of person giving Information: Wm. Ford — How related to deceased: 66

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. G. M. Highland

Address: Chestertown

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Wm Henry Rollinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chestertown (County) Kent

Date of death 1904 Month Oct Day 25 Age Years 66 Months — Days 13

Sex Male Color or Race White Birthplace Kent Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Henry M. Rollinson Father's Birthplace Kent Co

Mother's Maiden Name Amanda Turner Mother's Birthplace Kent Co

Name of person giving Information H. Mortimer Rollinson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid fever & Pneumonia How long 5 weeks

Immediate Asthma How long One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. G. Simpers

Address Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Darius Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rock Hall — County: Kent Co.

Date of death 1904 — Month: Oct. — Day: 18 — Age: Years 58 — Months 11 — Days 23

Sex: Male — Color or Race: White — Birthplace: Kent Co.

Married, Single or Widowed: married — Occupation: Oysterman

Name of Wife or Husband: Sarah Kendall

Father's Name: Wm Scott — Father's Birthplace: Kent Co.

Mother's Maiden Name: Rachel Sharp — Mother's Birthplace: Kent Co.

Name of person giving In formation: Sarah Kendall — How related to deceased: wife

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation of Bowels — How long: 2 weeks

Immediate: Exhaustion — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU 4895-16

Name in Full: Leonette M Slagle.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomona. County: Kent.

Date of death 1904: Month: Oct. Day: 25 Years: Age 12. Months: 3 Days: 11

Sex: Female. Color or Race: White Birthplace: E. A. Co Md

Occupation: School-child Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: William T. Slagle. Father's Birthplace: Kent Co Md

Mother's Maiden Name: Martha P. Wormley. Mother's Birthplace: Cecil Co Md

Name of person giving In formation: Wm. T. Slagle. How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capt. i. Trouble (Abs. Ear.) How long: 2 Weeks

Immediate: Exhaustion. How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Chas. D. Whaland M.D.

Address: Rolesville Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Caroline Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Broad Creek — County: Kent

Date of death 190 4 — Month: October — Day: 19.

Age — Years: one — Months: Eleven — Days: 29

Sex: Female — Color or Race: Colored — Birthplace: Broad Creek Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles H Stevens — Father's Birthplace: Georgia

Mother's Maiden Name: Lillie Mitchell — Mother's Birthplace: Kent Co Md.

Name of person giving information: Father of child — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Estivo Autumnal fever — How long: one month

Immediate: Exhaustion — How long: 4.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Beall M.D.

Address: Rock Hall Md

Accident or Suicide?

LIBRARY BUREAU A88510

Certificate of Death

Name in Full Mary Francis Wilkins

Town Rock Hall County Kent MARYLAND

Died at Home, Month 10 Day 17 | Age Y. 48 M. 5 D. 17 | Native of Maryland | Occupation Unemployed

Date 1904

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Edward Wilkins Mother's Maiden Name Eugenia J. Betton

Cause of Death: Primary Bright's Disease | How long sick Seven Months

Immediate Congestion of Lung | ~~Accident, Suicide, Homicide~~

Reported by J B Wilson

Address Centreville Kent County Maryland.

120

~~Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.~~

LIBRARY BUREAU, 79898

Name in Full: Samuel Wilmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Betterton — County: Kent

Date of death 1904: Month: Oct — Day: 31 — Age: Years: X — Months: 4 — Days: 3

Sex: Male — Color or Race: Black. — Birthplace: Md.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Wilmer — Father's Birthplace: Md.

Mother's Maiden Name: Mary Houston — Mother's Birthplace: Md.

Name of person giving information: Thomas Wilmer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 4 mo,

Immediate: 120 — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. S. Maxwell,

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

L Remau

Name in Full: Oiler Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Horton
County: Kent

Date of death: Month: Oct; Day: 24; Year: 1904
Age: Years: 2; Months: 7; Days: —

Sex: Male
Color or Race: Black.
Birthplace: Md.

Occupation:
Where Residing if not at place of death:

Married, Single or Widowed:
Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Tillesoin
Father's Birthplace: Md
Mother's Maiden Name: Ditha Wilson
Mother's Birthplace: Md.
Name of person giving Information: Enoch. Wilson
How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza
How long: Two years
Immediate: Pneumonia
How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John H. Hessey
Address: Hessville Md

~~Accident or Suicide?~~

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Pleasant
Butlertown